

CULPEPER YOUTH BASKETBALL, INC.
2011/ 2012 REGISTRATION FORM

Amount Paid _____ Cash _____
Balance Due _____ Check _____
Date Paid _____ Receipt # _____

Player's Name _____

Sex: Male _____ Female _____

School Player Attends _____

Home Address _____ Home Phone _____

Email address _____

Father's Name _____ Work Phone _____

Mother's Name _____ Work Phone _____

Birth Certificate (Mandatory) _____ Player's age as of September 1, 2011 _____ Date of Birth _____

AGE DIVISION: (Please check one) _____ 6 (Instructional League) _____ 7-8 Boys _____ 7-8 Girls

_____ 9-10 Boys _____ 9-10-11 Girls _____ 11-12 Boys _____ 12-13-14-15 Girls _____ 13-14-15-16 Boys

Shirt Size (Please check one) YOUTH _____ XS _____ S _____ M _____ L _____ XL
ADULT _____ S _____ M _____ L _____ XL _____ (Other ex. 2XL)

IDENTIFY ANY OTHER SIBLINGS PLAYING IN THE SAME AGE DIVISION?

IF YES, Identify Name below: _____

ARE YOU A VOLUNTEER BASKETBALL COACH? IF YES, WHICH AGE GROUP? _____

*****Please, specify any special arrangements or requests, e.g. No practice on Wednesdays due to Church activities, etc.:
Only one day, Monday through Thursday will be accommodated! We will not accommodate ride-sharing requests!**

A PARENT OR LEGAL GUARDIAN MUST ACCOMPANY ALL CHILDREN. CHILDREN NOT ACCOMPANIED BY A PARENT OR LEGAL GUARDIAN WILL NOT BE ALLOWED TO PARTICIPATE. THE YOUTH BASKETBALL PROGRAM REMAINS A FAMILY EXPERIENCE WITH PARTICIPATION FROM PARENTS AND CHILDREN. WE ARE NOT BABYSITTERS. DO NOT DROP OFF YOUR CHILDREN.

Assumption of Risk and Release:

In agreeing to participate in the program, as an adult participant or as a parent or guardian of a participant, I and/ or the participant do hereby affirm that the general health of the participant is good and that the participant is not adversely affected by exercise and the participant is capable of performing an activity of this nature.
In consideration of participating in this activity, I and/ or the participant do hereby assume all risk of any injury to the participant and will indemnify and hold harmless, from any and all liability, action, cause of actions, claims, and demands of every kind of nature whatsoever that I and/ or the participant have or which arise of or in connection with my participation in this activity, the County of Culpeper, Virginia; the County Board of Supervisors; the Culpeper County Department of Parks and Recreation; the Culpeper County School Board; the Town of Culpeper; Culpeper Youth Basketball, Inc.; and all their officers, agents, employees, staff, volunteers, and successors.
It is likewise assumed and agreed that the participant will wear the proper clothing and protective equipment during this activity and that it is the responsibility of the participant or parent or guardian to ensure this criteria is met. I grant my permission to transport the participant to and from the event when required and hold harmless those assigned to transport. I also agree to allow transportation of the participant to the nearest physician or hospital for medical treatment, and agree to allow for immediate first aid to the injured participant if and when deemed necessary

Parent or Guardian's Signature _____

Print Name _____

Date _____

Registration is \$70.00/ child, \$40.00 for children participating in the 6 yr.-old program.

PLEASE MAKE CHECKS PAYABLE TO CULPEPER YOUTH BASKETBALL (CYB)